

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028537

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4114

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

8-8-63
8-8-63
8-8-63
8-8-63
Opolus, La.
Howapha, Montgomery
Jessie M. Russell
Winfield, Mo.
Funeral Director DOCUMENT
BY AFFIDAVIT OF
Carl Peterson

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
1 yr.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2461 Montgall

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2461 Montgall Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
Frank Montgomery

4. DATE OF DEATH Month Day Year
July 20, 1963

5. SEX male

6. COLOR OR RACE negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11-3-76

9. AGE (last birthday) 86

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Baggage Handler

10b. KIND OF BUSINESS OR INDUSTRY Santa Fe R. R.

11. BIRTHPLACE (City and state or country) Opolus, La.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME

Hilliard Montgomery

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Howapha Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Josie
Jessie M. Russell 2461 Montgall

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
10 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

prostatic hypertrophy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 1963 and last saw her alive on 7-19-63
Death occurred at 12P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Carl Peterson M.D.

22b. ADDRESS
2701 E. 31st.

22c. DATE SIGNED
7-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE
7-22-63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) Winfield, Missouri

(State) Kans.

24. FUNERAL DIRECTOR ADDRESS
Mrs. Meek's Mortuary K. C. Mo.

25. DATE RECD. BY LOCAL REG.
7-22-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.